

STATE OF COLORADO



Colorado Department of Human Services

people who help people

OFFICE OF EMPLOYMENT
AND REGULATORY AFFAIRS
Jenise May, Deputy Executive Director

STATEWIDE SERVICES
Matthew Flora, Director
3550 West Oxford Avenue, 2nd Floor
Denver, Colorado 80236
Phone 303-866-7100
TDD 303-866-7105
FAX 303-866-7177
www.cdhs.state.co.us



Bill Ritter Jr.
Governor

Karen L. Beye
Executive Director

BACKGROUND INVESTIGATION UNIT INDIVIDUAL INQUIRY FORM

One of the following must be marked in order for BIU to process your request: Volunteer Employment Adoption
Foster Care Other (Explain)

Please note: Your signature must be notarized and accompanied by a check or money order for \$30.00 made payable to:
CDHS, BIU, Records & Reports, 3550 W. Oxford Ave., Denver, CO 80236.

INDIVIDUAL MAKING REQUEST

PLEASE PRINT LEGIBLY

First Name	Middle Name	Last Name	Alias/Maiden Name
Date of Birth	Sex: M/F	Race	Social Security Number
Current Address	City/State/Zip Code		Phone Number
Mailing Address	City/State/Zip Code		
Previous Address	City/State/Zip Code		

SPOUSE/FORMER SPOUSE/PARENT(S) OF YOUR CHILDREN (Add additional names on a separate sheet of paper)

First Name	Middle Name	Last Name	Alias/Maiden Name
Date of Birth	Sex: M/F	Race	Social Security Number

CHILDREN – Use full names. (Add additional children on a separate sheet of paper)

1)	Complete Name	Date of Birth	Sex: M/F
2)	Complete Name	Date of Birth	Sex: M/F
3)	Complete Name	Date of Birth	Sex: M/F
4)	Complete Name	Date of Birth	Sex: M/F

Any person who willfully permits or who encourages the release of data or information related to child abuse or neglect contained in TRAILS to persons not permitted access to search information commits a class 1 misdemeanor pursuant to §18-1.3-501, C.R.S.

Signature of Individual (If under the age of 18, parent signature required.)

Date of Request

Notary Statement: STATE of _____
 COUNTY of _____

Subscribed and sworn to before me this
_____ day of _____, _____.

My Commission Expires: _____

Notary Seal:

Signature of Notary

***If you wish for the background check results to be sent to a representative or agency other than yourself,
please complete the following Waiver and Authorization.***

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

I authorize the Colorado Department of Human Service, Background Investigation Unit (CDHS-BIU) to release the results of the background check to the representative and/or agency listed below.

RELEASE INFORMATION TO:

PLEASE PRINT LEGIBLY

Agency/Company Name: _____

Name Of Individual: _____

Mailing Address: _____

City

State

Zip Code

Phone Number

Signature of Individual (If under the age of 18, parent signature required.)

Date